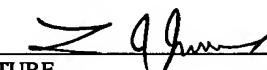


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|---|--|---|---|
| FORM PTO-1390<br>REV. 2011  |  | U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE   | ATTORNEY'S DOCKET NUMBER<br>87408.2200              |
| <b>TRANSMITTAL LETTER TO THE UNITED STATES<br/>DESIGNATED/ELECTED OFFICE (DO/EO/US)<br/>CONCERNING A FILING UNDER 35 U.S.C. 371</b> |  | U.S. APPLICATION NO.<br>(If known, see 37 CFR 1.1)  |   |
| INTERNATIONAL APPLICATION NO.<br>PCT/KR2004/000592  |  | INTERNATIONAL FILING DATE<br>18 March 2004 (18.03.2004)   | PRIORITY DATE CLAIMED<br>21 March 2003 (21.03.2003) |
| TITLE OF INVENTION:<br><b>APPARATUS FOR CUTTING GLASS PLATE</b>   |  |   |   |
| APPLICANT(S) FOR DO/EO/US<br>Ki-Ryong YOO, Choon-Taek KIM, Min-Young AN and Mi-Jee KIM  |  |   |   |
| Applicant(s) herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information:  |  |   |   |
| 1.  | <input checked="" type="checkbox"/>    | This is a <b>FIRST</b> submission of items concerning a filing under 35 U.S.C 371.  |   |
| 2.  | <input type="checkbox"/>               | This is a <b>SECOND</b> or <b>SUBSEQUENT</b> submission of items concerning a filing under 35 U.S.C. 371.   |   |
| 3.  | <input type="checkbox"/>               | This is an express request to begin national examination procedures (35 U.S.C. 371(f)). The submission must include items (5), (6), (9) and (21) indicated below. |   |
| 4.  | <input checked="" type="checkbox"/>    | The US has been elected by the expiration of 19 months from the priority date (Article 31).   |   |
| 5.  | <input checked="" type="checkbox"/>    | A copy of the International Application as filed (35 U.S.C. 371 (c)(2)).  |   |
|   | a. <input type="checkbox"/>            | is attached hereto (required only if not communicated by the International Bureau)  |   |
|   | b. <input checked="" type="checkbox"/> | has been communicated by the International Bureau.  |   |
|   | c. <input type="checkbox"/>            | is not required, as the application was filed with the United States Receiving Office (RO/US).  |   |
| 6.  | <input checked="" type="checkbox"/>    | An English language translation of the International Application as filed (35 U.S.C. 371 (c)(2)).   |   |
|   | a. <input checked="" type="checkbox"/> | is attached hereto.   |   |
|   | b. <input type="checkbox"/>            | has been previously submitted under 35 U.S.C. 154 (d)(4).   |   |
| 7.  | <input checked="" type="checkbox"/>    | Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371 (c)(3)).  |   |
|   | a. <input type="checkbox"/>            | are attached hereto (required only if not communicated by the International Bureau).  |   |
|   | b. <input type="checkbox"/>            | have been communicated by the International Bureau.   |   |
|   | c. <input type="checkbox"/>            | have not been made; however, the time limit for making such amendments has NOT expired.   |   |
|   | d. <input checked="" type="checkbox"/> | have not been made and will not be made.  |   |
| 8.  | <input type="checkbox"/>               | An English language translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371 (c)(3)).  |   |
| 9.  | <input type="checkbox"/>               | An oath or declaration of the inventor(s) (35 U.S.C. 371 (c)(4)).   |   |
| 10.   | <input type="checkbox"/>               | An English language translation of the International Preliminary Examination Report and its annexes under PCT Article 36 (35 U.S.C. 371 (c)(5)).                  |   |
| Items 11 to 20 below concern document(s) or information included:   |  |   |   |
| 11.   | <input type="checkbox"/>               | Information Disclosure Statement under 37 CFR 1.97 and 1.98   |   |
| 12.   | <input type="checkbox"/>               | An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included.   |   |
| 13.   | <input checked="" type="checkbox"/>    | A FIRST preliminary amendment amending application in accordance with PCT Article 28.   |   |
| 14.   | <input type="checkbox"/>               | A SECOND or SUBSEQUENT preliminary amendment.   |   |
| 15.   | <input type="checkbox"/>               | A Substitute specification.   |   |
| 16.   | <input type="checkbox"/>               | A change of power of attorney and/or address letter.  |   |
| 17.   | <input type="checkbox"/>               | A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 35 U.S.C. 1.821-1.825.   |   |
| 18.   | <input type="checkbox"/>               | A second copy of the published international application under 35 U.S.C. 154 (d)(4).  |   |
| 19.   | <input type="checkbox"/>               | A second copy of the English language translation of the international application 35 U.S.C. 154 (d)(4).  |   |
| 20.   | <input checked="" type="checkbox"/>    | Other items or information:   |   |
|   | a. <input checked="" type="checkbox"/> | International Search Report   |   |
|   | b. <input checked="" type="checkbox"/> | Preliminary Amendment   |   |
|   | c. <input checked="" type="checkbox"/> | Copy of PCT WO 2004/083133  |   |
|   | d. <input type="checkbox"/>            |   |   |
|   | e. <input type="checkbox"/>            |   |   |

Customer No.: 30734

JC17 Rec'd PCT/PTO 20 SEP 2005

| U.S. APPLICATION NO. (If known, see 37 CFR 1.5)<br>New Application<br><b>107549928</b>   |   | INTERNATIONAL APPLICATION NO.<br>PCT/KR2004/000592                            |                           | ATTY'S DOCKET NO.:<br>87408.2200 |                         |          |  |                      |          |          |                 |          |          |  |  |           |              |              |   |      |        |       |  |            |        |              |              |      |              |   |           |                   |                    |   |          |                    |   |  |  |                 |  |  |  |  |                             |  |   |         |                                       |  |  |  |           |  |  |  |  |  |  |  |                           |  |  |  |             |
|--|---|---|---------------------------|----------------------------------|-------------------------|----------|--|----------------------|----------|----------|-----------------|----------|----------|--|--|-----------|--------------|--------------|---|------|--------|-------|--|------------|--------|--------------|--------------|------|--------------|---|-----------|-------------------|--------------------|---|----------|--------------------|---|--|--|-----------------|--|--|--|--|-----------------------------|--|---|---------|---------------------------------------|--|--|--|-----------|--|--|--|--|--|--|--|---------------------------|--|--|--|-------------|
| <p>21. <input checked="" type="checkbox"/> The following fees are submitted:</p> <table> <tr> <td>Basic National Fee.....</td> <td>\$300.00</td> <td>Calculation &amp; PTO Use Only<br/>\$300.00</td> </tr> <tr> <td>Examination Fee.....</td> <td>\$200.00</td> <td>\$200.00</td> </tr> <tr> <td>Search Fee.....</td> <td>\$500.00</td> <td>\$500.00</td> </tr> <tr> <td colspan="2"><b>TOTAL OF ABOVE CALCULATIONS = \$1000.00</b></td> <td>\$1000.00</td> </tr> </table> <p>Additional fee for specification and drawings filed in paper over 100 sheets (excluding sequence listing or computer program listing filed in an electronic medium). The fee is \$250.00 for each additional 50 sheets of paper or fraction thereof.</p> <table> <thead> <tr> <th>Total Sheets</th> <th>Extra Sheets</th> <th>Number of each additional 50 or fraction thereof (round up to a whole number)</th> <th>Rate</th> </tr> </thead> <tbody> <tr> <td>-100 =</td> <td>/50 =</td> <td></td> <td>X \$250.00</td> </tr> </tbody> </table> <p>Surcharge of \$130.00 for furnishing the oath or declaration later than months from the earliest claimed priority date (37 CFR 1.492 (e)).</p> <table> <thead> <tr> <th>CLAIMS</th> <th>NUMBER FILED</th> <th>NUMBER EXTRA</th> <th>RATE</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>7</td> <td>7- 20 = 0</td> <td>x \$50.00 \$ 0.00</td> </tr> <tr> <td>Independent Claims</td> <td>2</td> <td>2-3- = 0</td> <td>x \$200.00 \$ 0.00</td> </tr> <tr> <td colspan="3">MULTIPLE DEPENDENT CLAIM(S) (if applicable)</td> <td>+\$360.00 \$.00</td> </tr> <tr> <td colspan="4"><b>TOTAL OF THE ABOVE CALCULATIONS = \$1000.00</b></td> </tr> </tbody> </table> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by ½.</p> <table> <tr> <td><b>SUBTOTAL = \$ 500.00</b></td> </tr> <tr> <td>Processing fee of \$130.00 for furnishing the English translation later than months from the earliest priority date (37 CFR 1.492(f)).</td> <td><input type="checkbox"/> 20    <input type="checkbox"/> 30</td> <td>\$ 0.00</td> </tr> <tr> <td colspan="3"><b>TOTAL NATIONAL FEE = \$ 500.00</b></td> </tr> <tr> <td>Fee for recording the enclosed assignment (37 CFR 1.21 (h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property.</td> <td>+ \$ 0.00</td> <td></td> </tr> <tr> <td colspan="3"><b>TOTAL FEES ENCLOSED = \$ 500.00</b></td> </tr> <tr> <td colspan="3"></td> <td>Amount to be refunded: \$</td> </tr> <tr> <td colspan="3"></td> <td>charged: \$</td> </tr> </table> <p>a. <input type="checkbox"/> A check in the amount of <u>\$0.00</u> to cover the above fees is enclosed.<br/> b. <input checked="" type="checkbox"/> Please charge my Deposit Account No. <u>50-2036</u> in the amount of \$ <u>500.00</u> to cover the above fees.<br/> A duplicate copy of this sheet is enclosed.<br/> c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. <u>50-2036</u>.<br/> d. <input type="checkbox"/> Fees are to be charged to a credit card. <b>WARNING:</b> Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>NOTE: Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137 (a) or (b)) must be filed and granted to restore the application to pending status.</p> <p>SEND ALL CORRESPONDENCE TO:<br/>(firm address)<br/>BAKER &amp; HOSTETLER LLP<br/>Washington Square, Suite 1100<br/>1050 Connecticut Avenue, N.W.<br/>Washington, D.C. 20036<br/>DATED: <u>9-20-05</u></p> <p><br/>SIGNATURE<br/>Leo J. Jennings</p> <p>Reg. No. 32,902</p> |   |   |                           |                                  | Basic National Fee..... | \$300.00 | Calculation & PTO Use Only<br>\$300.00 | Examination Fee..... | \$200.00 | \$200.00 | Search Fee..... | \$500.00 | \$500.00 | <b>TOTAL OF ABOVE CALCULATIONS = \$1000.00</b> |  | \$1000.00 | Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof (round up to a whole number) | Rate | -100 = | /50 = |  | X \$250.00 | CLAIMS | NUMBER FILED | NUMBER EXTRA | RATE | Total Claims | 7 | 7- 20 = 0 | x \$50.00 \$ 0.00 | Independent Claims | 2 | 2-3- = 0 | x \$200.00 \$ 0.00 | MULTIPLE DEPENDENT CLAIM(S) (if applicable) |  |  | +\$360.00 \$.00 | <b>TOTAL OF THE ABOVE CALCULATIONS = \$1000.00</b> |  |  |  | <b>SUBTOTAL = \$ 500.00</b> | Processing fee of \$130.00 for furnishing the English translation later than months from the earliest priority date (37 CFR 1.492(f)). | <input type="checkbox"/> 20 <input type="checkbox"/> 30 | \$ 0.00 | <b>TOTAL NATIONAL FEE = \$ 500.00</b> |  |  | Fee for recording the enclosed assignment (37 CFR 1.21 (h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property. | + \$ 0.00 |  | <b>TOTAL FEES ENCLOSED = \$ 500.00</b> |  |  |  |  |  | Amount to be refunded: \$ |  |  |  | charged: \$ |
| Basic National Fee.....  | \$300.00  | Calculation & PTO Use Only<br>\$300.00  |                           |                                  |                         |          |  |                      |          |          |                 |          |          |  |  |           |              |              |   |      |        |       |  |            |        |              |              |      |              |   |           |                   |                    |   |          |                    |   |  |  |                 |  |  |  |  |                             |  |   |         |                                       |  |  |  |           |  |  |  |  |  |  |  |                           |  |  |  |             |
| Examination Fee.....   | \$200.00  | \$200.00  |                           |                                  |                         |          |  |                      |          |          |                 |          |          |  |  |           |              |              |   |      |        |       |  |            |        |              |              |      |              |   |           |                   |                    |   |          |                    |   |  |  |                 |  |  |  |  |                             |  |   |         |                                       |  |  |  |           |  |  |  |  |  |  |  |                           |  |  |  |             |
| Search Fee.....  | \$500.00  | \$500.00  |                           |                                  |                         |          |  |                      |          |          |                 |          |          |  |  |           |              |              |   |      |        |       |  |            |        |              |              |      |              |   |           |                   |                    |   |          |                    |   |  |  |                 |  |  |  |  |                             |  |   |         |                                       |  |  |  |           |  |  |  |  |  |  |  |                           |  |  |  |             |
| <b>TOTAL OF ABOVE CALCULATIONS = \$1000.00</b>   |   | \$1000.00   |                           |                                  |                         |          |  |                      |          |          |                 |          |          |  |  |           |              |              |   |      |        |       |  |            |        |              |              |      |              |   |           |                   |                    |   |          |                    |   |  |  |                 |  |  |  |  |                             |  |   |         |                                       |  |  |  |           |  |  |  |  |  |  |  |                           |  |  |  |             |
| Total Sheets   | Extra Sheets  | Number of each additional 50 or fraction thereof (round up to a whole number) | Rate                      |                                  |                         |          |  |                      |          |          |                 |          |          |  |  |           |              |              |   |      |        |       |  |            |        |              |              |      |              |   |           |                   |                    |   |          |                    |   |  |  |                 |  |  |  |  |                             |  |   |         |                                       |  |  |  |           |  |  |  |  |  |  |  |                           |  |  |  |             |
| -100 =   | /50 =   |   | X \$250.00                |                                  |                         |          |  |                      |          |          |                 |          |          |  |  |           |              |              |   |      |        |       |  |            |        |              |              |      |              |   |           |                   |                    |   |          |                    |   |  |  |                 |  |  |  |  |                             |  |   |         |                                       |  |  |  |           |  |  |  |  |  |  |  |                           |  |  |  |             |
| CLAIMS   | NUMBER FILED  | NUMBER EXTRA  | RATE                      |                                  |                         |          |  |                      |          |          |                 |          |          |  |  |           |              |              |   |      |        |       |  |            |        |              |              |      |              |   |           |                   |                    |   |          |                    |   |  |  |                 |  |  |  |  |                             |  |   |         |                                       |  |  |  |           |  |  |  |  |  |  |  |                           |  |  |  |             |
| Total Claims   | 7   | 7- 20 = 0   | x \$50.00 \$ 0.00         |                                  |                         |          |  |                      |          |          |                 |          |          |  |  |           |              |              |   |      |        |       |  |            |        |              |              |      |              |   |           |                   |                    |   |          |                    |   |  |  |                 |  |  |  |  |                             |  |   |         |                                       |  |  |  |           |  |  |  |  |  |  |  |                           |  |  |  |             |
| Independent Claims   | 2   | 2-3- = 0  | x \$200.00 \$ 0.00        |                                  |                         |          |  |                      |          |          |                 |          |          |  |  |           |              |              |   |      |        |       |  |            |        |              |              |      |              |   |           |                   |                    |   |          |                    |   |  |  |                 |  |  |  |  |                             |  |   |         |                                       |  |  |  |           |  |  |  |  |  |  |  |                           |  |  |  |             |
| MULTIPLE DEPENDENT CLAIM(S) (if applicable)  |   |   | +\$360.00 \$.00           |                                  |                         |          |  |                      |          |          |                 |          |          |  |  |           |              |              |   |      |        |       |  |            |        |              |              |      |              |   |           |                   |                    |   |          |                    |   |  |  |                 |  |  |  |  |                             |  |   |         |                                       |  |  |  |           |  |  |  |  |  |  |  |                           |  |  |  |             |
| <b>TOTAL OF THE ABOVE CALCULATIONS = \$1000.00</b>   |   |   |                           |                                  |                         |          |  |                      |          |          |                 |          |          |  |  |           |              |              |   |      |        |       |  |            |        |              |              |      |              |   |           |                   |                    |   |          |                    |   |  |  |                 |  |  |  |  |                             |  |   |         |                                       |  |  |  |           |  |  |  |  |  |  |  |                           |  |  |  |             |
| <b>SUBTOTAL = \$ 500.00</b>  |   |   |                           |                                  |                         |          |  |                      |          |          |                 |          |          |  |  |           |              |              |   |      |        |       |  |            |        |              |              |      |              |   |           |                   |                    |   |          |                    |   |  |  |                 |  |  |  |  |                             |  |   |         |                                       |  |  |  |           |  |  |  |  |  |  |  |                           |  |  |  |             |
| Processing fee of \$130.00 for furnishing the English translation later than months from the earliest priority date (37 CFR 1.492(f)).   | <input type="checkbox"/> 20 <input type="checkbox"/> 30 | \$ 0.00   |                           |                                  |                         |          |  |                      |          |          |                 |          |          |  |  |           |              |              |   |      |        |       |  |            |        |              |              |      |              |   |           |                   |                    |   |          |                    |   |  |  |                 |  |  |  |  |                             |  |   |         |                                       |  |  |  |           |  |  |  |  |  |  |  |                           |  |  |  |             |
| <b>TOTAL NATIONAL FEE = \$ 500.00</b>  |   |   |                           |                                  |                         |          |  |                      |          |          |                 |          |          |  |  |           |              |              |   |      |        |       |  |            |        |              |              |      |              |   |           |                   |                    |   |          |                    |   |  |  |                 |  |  |  |  |                             |  |   |         |                                       |  |  |  |           |  |  |  |  |  |  |  |                           |  |  |  |             |
| Fee for recording the enclosed assignment (37 CFR 1.21 (h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property.   | + \$ 0.00   |   |                           |                                  |                         |          |  |                      |          |          |                 |          |          |  |  |           |              |              |   |      |        |       |  |            |        |              |              |      |              |   |           |                   |                    |   |          |                    |   |  |  |                 |  |  |  |  |                             |  |   |         |                                       |  |  |  |           |  |  |  |  |  |  |  |                           |  |  |  |             |
| <b>TOTAL FEES ENCLOSED = \$ 500.00</b>   |   |   |                           |                                  |                         |          |  |                      |          |          |                 |          |          |  |  |           |              |              |   |      |        |       |  |            |        |              |              |      |              |   |           |                   |                    |   |          |                    |   |  |  |                 |  |  |  |  |                             |  |   |         |                                       |  |  |  |           |  |  |  |  |  |  |  |                           |  |  |  |             |
|  |   |   | Amount to be refunded: \$ |                                  |                         |          |  |                      |          |          |                 |          |          |  |  |           |              |              |   |      |        |       |  |            |        |              |              |      |              |   |           |                   |                    |   |          |                    |   |  |  |                 |  |  |  |  |                             |  |   |         |                                       |  |  |  |           |  |  |  |  |  |  |  |                           |  |  |  |             |
|  |   |   | charged: \$               |                                  |                         |          |  |                      |          |          |                 |          |          |  |  |           |              |              |   |      |        |       |  |            |        |              |              |      |              |   |           |                   |                    |   |          |                    |   |  |  |                 |  |  |  |  |                             |  |   |         |                                       |  |  |  |           |  |  |  |  |  |  |  |                           |  |  |  |             |